



FMLA AND SHORT TERM DISABILITY PAPERWORK POLICY



What is FMLA and Short Term Disability

The Family and Medical Leave Act (FMLA) is a federal law allowing eligible employees to take unpaid, job-protected leave for specified family and medical reasons. Similarly, short-term disability may be available through your insurance.

Our FMLA and Short-Term Disability Paperwork Policy

From the time we receive your paperwork, our policy is that we have 14 days to complete FMLA/Short-term Disability paperwork. This will not be rushed or pushed through at a faster pace and will be completed when our providers have availability.

To meet this timeline, please provide EXACT details of requested leave dates when submitting forms. Any date amendments after completion may require restarting. **PLEASE FILL OUT THE REQUESTED INFORMATION BELOW TO ASSIST US IN COMPLETING YOUR PAPERWORK IN A TIMELY PROCESS.**

We will place standard restrictions according to each procedure. There will be no changes, exceptions, or special requests with these restrictions after your surgery.

How to Submit Forms?

Clearly mark requested leave dates, job classification (sedentary vs heavy labor), and details on the forms. **Please fill out as much of the forms ahead of time with your personal information, dates, injury, and requested restrictions prior to submitting your paperwork to Dr. Thon and the team.**

When forms are completed to the best of your ability, drop off forms in person to the medical assistant or email forms to ThonCareTeam@occ-ortho.com

Next Steps After Receiving Completed Paperwork:

You are responsible for submitting the completed forms to your employer and/or any required state disability paperwork to the state. We will provide the completed forms to you in person or via email.

Please contact us if you have any other questions! Providing complete details upfront allows us to best assist you in this process.

In order to help expedite the processing of your paperwork, please fill out the following and submit the completed form with the documents you are requesting.

Please allow 2 weeks for your paperwork to be completed.

At that time you may come by the office to pick up your documents unless advised to do so sooner. It is your responsibility to confirm that your paperwork is complete to the specifications of your employer, deliver any and all documents to the appropriate location(s) and confirm their arrival.

NAME: _____ DOB: _____

DATE OF INJURY/CONDITION: _____ DATE FIRST SEEN IN OUR OFFICE: _____

DATE OF SURGERY: _____ DATE OF MOST RECENT VISIT: _____

DIAGNOSIS OF CONDITION: _____

PLANNED OR COMPLETED PROCEDURE/SIDE: _____

IS THIS CONDITION JOB RELATED? (CIRCLE): Y N

WHO IS YOUR EMPLOYER?: _____

WHAT IS YOUR JOB TITLE AND DESCRIPTION?: _____

WHAT ARE THE MOST CRITICAL PHYSICAL REQUIREMENTS OF YOUR JOB (UP TO 3)?:

HOW ARE THOSE REQUIREMENTS LIMITED/AFFECTED BY YOUR CONDITION?:

JOB REQUIREMENTS

AMOUNT OF WALKING PER DAY (HOURS): _____

AMOUNT OF STANDING PER DAY (HOURS): _____

AMOUNT OF CLIMBING/STAIRS PER DAY (HOURS): _____

AMOUNT OF BENDING/STOOPING PER DAY (HOURS): _____

AMOUNT OF TYPING/COMPUTER/PHONE WORK PER DAY (HOURS): _____

AMOUNT OF OVERHEAD/WAIST LEVEL WORK PER DAY (HOURS): _____

AMOUNT OF LIFTING/CARRYING/PUSHING/PULLING (WEIGHT): _____

Stephen G. Thon, MD

Phone: (303) 344-9090

Fax: (720) 895-1121

ThonCareTeam@occ-ortho.com

www.AdvancedOrtho.org

www.occ-ortho.com

Advanced Orthopedic &
Sports Medicine Specialists
A CENTER OF OCC

DOES YOUR EMPLOYER OFFER A "LIGHT DUTY" JOB DESCRIPTION (CIRCLE)?: Y N

HOW MUCH TIME DO YOU PLAN TO TAKE OFF OF WORK?: _____

WHAT IS THE DATE YOU WOULD LIKE TO RETURN TO WORK?: _____

**IF GIVEN THE OPTION, WHERE WOULD YOU LIKE THE PAPERWORK SENT WHEN COMPLETED?
PLEASE INCLUDE FAX NUMBER, ADDRESS, AND PERSON TO ADDRESS IF AVAILABLE**

Thank you for taking an active role in your health, treatment, and rehabilitation. Your paperwork will be ready in 2 weeks.

Sincerely,

Thon Care Team

Orthopedic Centers of Colorado

Stephen G. Thon, MD

Phone: (303) 344-9090

Fax: (720) 895-1121

ThonCareTeam@occ-ortho.com

www.AdvancedOrtho.org

www.occ-ortho.com